IMMUNOLOGY CASE REGISTRY VERSION 2.1 VETERANS HEALTH INFORMATION SYSTEMS AND TECHNOLOGY ARCHITECTURE (VISTA)

1. PURPOSE: This Veterans Health Administration (VHA) Directive mandates the installation of the Immunology Case Registry (ICR) Version 2.1 Veterans Health Information Systems and Technology Architecture (VistA) Package Software Released on February 12, 1998.

2. BACKGROUND: This package supports the maintenance of local and national registries for tracking the Human Immunodeficiency Virus (HIV) disease. This software allows facilities to maintain a confidential registry of Acquired Immunodeficiency Syndrome (AIDS) patients for the purposes of clinical tracking and resource expenditures. The local registry extracts data from other local VistA packages for inclusion and, in turn automatically transmits data to the national database at Hines Chief Information Office Field Office (CIOFO).

3. POLICY: Department of Veterans Affairs (VA) medical facilities are to install the immunology case registry version 2.1 into the facility computer system and activate it immediately upon receipt. The ICR version 2.1 is an upgrade to the current version of ICR 2.0. The facility data transmitted automatically to the national database are essential for the fiscal year Veterans Equitable Resource Allocation (VERA) process.

4. ACTION: Upon receipt of the software package, each facility must ensure installation into the facility computer system and activation as soon as possible. The deadline for the installation is within 30 days of receipt of the software package.

   a. Upon arrival of the package at the facility, the person who is responsible for managing and reporting of HIV/AIDS cases in the ICR cases should be notified of the arrival of the software. In most facilities, this person will be the AIDS Coordinator, Infection Control Nurse or Chief, Infectious Diseases. Because of the security features of the package, one of the above clinical persons must be designated as the responsible individual for access to the database. Where there is question about the identity of the individual who is to have primary access, the Chief of Staff should be consulted.

   b. Input access to the software package must be limited. The Chief Information Office (CIO) staff designated as the responsible individual for the technical aspects of the database and the clinician(s) designated for input and report access to the software are responsible for maintaining the security of the database according to instructions provided in the package documentation.

THIS DIRECTIVE EXPIRES APRIL 17, 2003

5. REFERENCES: None.

6. FOLLOW-UP RESPONSIBILITY: Director, AIDS Service (132), is responsible for the contents of this directive.

7. RESCISSION: This Directive will expire April 17, 2003.

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